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SNAKE COURSES

The ASI offers both public and corporate snake courses.

Public courses take place at various venues throughout South Africa.

The corporate training is done on-site, both in South Africa, as well as in 19 African countries.

We pride ourselves on teaching only the safest snake handling methods, to ensure the safety of both the handler and the snake.

We offer a range of different course options, including snake awareness, first aid for snakebite, venomous snake handling, venomous snake handling bootcamps, as well as advanced first aid for snakebite, advanced venomous snake handling and a reptile photography course.

For course info, click here or email us on courses@asiorg.co.za for details.





INTRODUCTION

he African Snakebite Institute is the leading training provider of Snake Awareness, First Aid for Snakebite and Venomous Snake Handling courses in Africa as well as the largest distributer of quality snake handling equipment, snake PPE and snakebite first aid kits. Our aim is to spread snake awareness as far and wide as possible, which is why we've launched our new free E-Book series.

ur CEO, Johan Marais is a well-known herpetologist with over 40 years of experience with snakes. He has worked at various reptile facilities and has collaborated on a variety of scientific studies with some of the world's leading herpetologists. He is also one of Africa's most prominent authors of snake books and has written the best-sellers A Complete Guide to Snakes of Southern Africa, Snakes and Snakebite in Southern Africa and First Aid for Snakebite, to mention just a few.



COMMON SNAKES OF NAMIBIA

amibia has 97 different snake species. Of these, eleven are highly venomous, thirteen can give a bad bite and the rest are mildly venomous or harmless. We've listed the common species in this booklet, showing venomiosity, key ID features, full distribution, and snakebite info for venomous species.

Inakebite is problematic in Southern Africa with most bites reported from the hot wet regions. Most bites are caused by snakes with cytotoxic venom. These bites can result in extesnive tissue damage. Snakes responsible for these type of bites inlcude the Puff Adder, Night Adders and the Spitting Cobras. Although not as frequent, neurotoxic bites, inflicted by non-spitting cobras and Mambas can pose serious medical emergencies as patients often stop breathing.

ost bites occur in the early evening in the warm, wet summer months from November to April/May. People most at risk are those that spend alot of time outdoors. Agricultural workers in rural areas are especially at risk. Most snakebites are inflicted on the leg below the knee. This is as a result of people accidentally stepping onto or close to snakes. Given that a patient receives prompt and proper treatment in a hospital the chances of surviving a snakebite are very high. In a study performed at a clinic in Kwa Zulu Natal in South Africa not one patient died during the five year study thanks to the treatment they received. The clinic treated 879 patients for snakebites in those five years!

SNAKE HANDLING EQUIPMENT

The African Snakebite Institute is the leading provider of quality snake handling equipment in Africa. View our range online here.



COMMON SNAKES OF NAMIBIA



Namibia has around 97 species of snakes. Eleven species are considered highly venomous. Thirteen species are venomous and another three can deliver a painful bite that may require stitches. The rest of the species are either mildly venomous or harmless to humans.

HIGHLY

human fatalities

Painful bite, but does not require antivenom

VENOMOUS

Not thought to be harmful HARMLESS

Not dangerous to humans



Black Mamba



















Southern African Python



Western Keeled Snake







Namib Sand Snake (Psammophis name









Spotted Bush Snake





JOHAN MARAIS is the author of various books on reptiles including the best-seller A Complete Guide to Snakes of Southern Africa. He is a popular public speaker and CEO of the African Snakebite Institute. The African Snakebite Institute (ASI) offers a variety of courses including Snake Awareness, Scorpion Awareness and Venomous Snake Handling. ASI is accredited by the International Society of Zoological Sciences (ISZS) and Travel Doctor-approved service provider. The courses are also accredited by the Health Professions Council of South Africa (HPCSA). ASI is the largest provider of quality snake handling and safety equipment in Africa.

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www.AFRICANSNAKEBITEINSTITUTE.com



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your area, browse our free resources, and more



Download the high resolution poster here.







Black Mamba

(Dendroaspis polylepis)

Maximum Length: 3.8 m



Other names:

Swartmamba

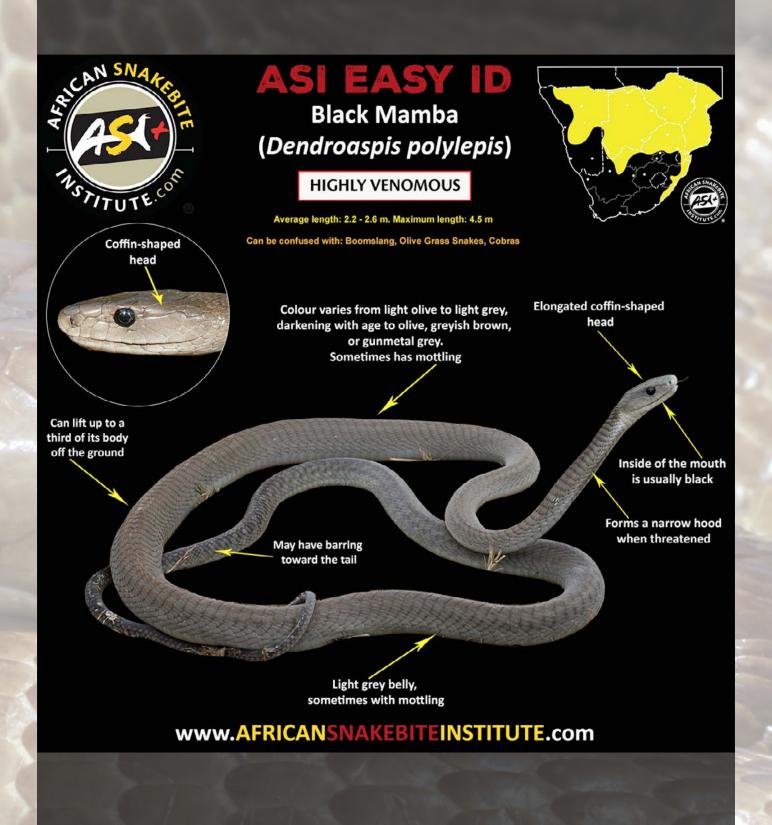
This is by far the largest venomous snake in Africa, with a maximum length of 3.8 m (historically specimens over 4 m were reported). Despite its reputation it is a shy, elusive snake that is quick to escape but will not hesitate to strike repeatedly if cornered. It is active during the day, often basking near a hole in an anthill or large rock crevice, into which it quickly disappears into if disturbed. When threatened it will gape exposing the black inner lining of the mouth and it may form a narrow hood. The venom of this snake is potently neurotoxic and may cause difficulty with breathing within half an hour. Antivenom is effective but often required in large quantities (10 – 15 vials).







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SNAKEBITE PROFILE **BLACK MAMBA**

Dendroaspis polylepis



Risk of Bites

The Black Mamba is a nervous snake and is quick to escape. If accidentally cornered in a confined space or surprised in the veld, it may strike out and bite more than once in quick succession. Contrary to popular stories, it does not chase people and bites are quite rare.



Most Bites

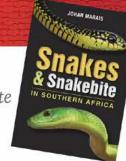
Most victims are bitten in the veld when they accidentally get very close to a Black Mamba basking. Or when accidentally cornering a mamba in a confined space like a pump house on a farm. Never approach a Black Mamba closely and do not try to kill or catch one.



Symptoms & Venom

A potent and fast-acting neurotoxic venom that results in pins and needles in the lips, hands and feet, as well as nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. In severe cases victims become unresponsive within less than one

See pages 43-45 - Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

In cases of severe envenomation where patients are not breathing, they are intubated and ventilated and treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage.



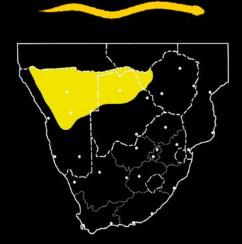




HIGHLY VENOMOUS

Anchieta's Cobra (*Naja anchietae*)

Maximum Length: 2.5 m



Other names:

Anchieta se Kobra

Anchieta's Cobra is very similar to the Snouted Cobrain both appearance and behaviour. It occurs in western Zimbabwe, northern Botswana and northern Namibia (and elsewhere further north). Individuals are orange-brown to purple-brown and banded varieties are also found. This snake has 17 midbody scale rows (the Snouted Cobra has 19) and the scales appear much larger than in the Snouted Cobra. Maximum size is around 2.5 m. It seldom features in snakebite incidents but will spread an impressive hood if threatened. The venom of this snake is predominantly neurotoxic but may also cause blistering and tissue damage. Because of its size a bite from Anchieta's Cobra could result in alarming symptoms. Antivenom is effective against its bite.







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ASI EASY ID

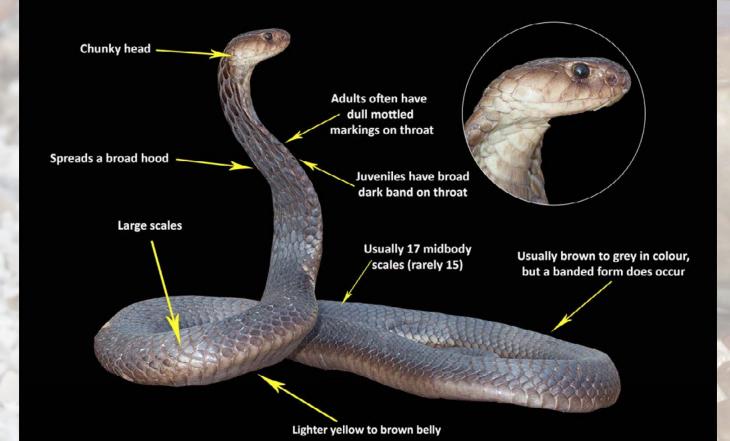
Anchieta's Cobra (Naja anchietae)

HIGHLY VENOMOUS

Average length: 1.2 - 1.5 m. Maximum length: 2.4 m

Often confused with: Snouted Cobras







SNAKEBITE PROFILE **ANCHIETA'S COBRA**

Naja anchietae



Risk Of Bites

Bites are not common, although this snake may be frequently found around human dwellings. It is also known to raid poultry runs. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

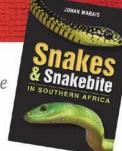
Bites are infrequent and usually occur when accidentally confronted or stepped on at night. Most bites are on the lower legs, or to those who try and handle the snake.



Symptoms & Venom

The venom is both neurotoxic and cytotoxic. It is one of our largest cobras reaching 2.5m in length and it can deliver large volumes of venom in a single bite. Bites may result in burning pain, nausea and swelling followed by tissue damage. It can also result in progressive weakness and affect breathing.

See pages 52-53 Snakes and Snakebite in Southern Africa (2024).



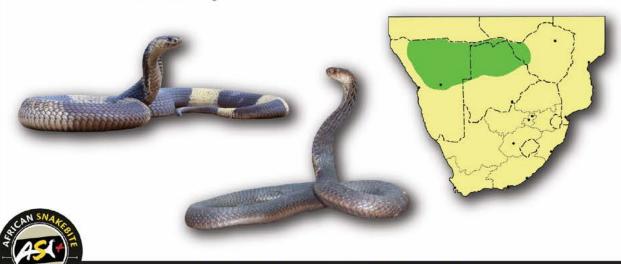
First Aid

Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

In cases of severe envenomation, especially where patients are not breathing, they should be intubated, ventilated and treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage.





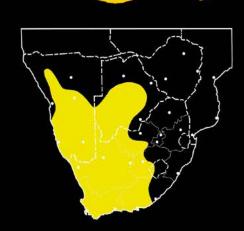
HIGHLY VENOMOUS



Cape Cobra

(Naja nivea)

Maximum Length: 2.3 m



Other names:

Geelslang, Kaapse Kobra, Koper kapel

This snake varies in colour from near black to dark or light brown, beige, yellow or speckled while juveniles have a dark band on the throat. The Cape Cobra is easily confused with the Mole Snake and the Black Spitting Cobra. It is by far our most dangerous cobra and with the Black Mamba it accounts for the majority of fatal snake bites in South Africa. The Cape Cobra may stand its ground if threatened and is quick to form a hood and bite. It occurs largely in the Cape provinces but extends into the Free State, Northwest, southern Botswana and Namibia. The venom is potently neurotoxic causing progressive weakness and may affect breathing rapidly. Victims need urgent hospitalisation and in a severe bite antivenom is essential







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ASI EASY ID

Cape Cobra (Naja nivea)

HIGHLY VENOMOUS

Average length: 1.2 - 1.6 m. Maximum length: 2.3 m

Can be confused with: Mole Snakes, Black Spitting Cobras, Snouted Cobras





Chunky cheeks for venom storage Spreads an impressive hood

Juveniles have a dark band on throat

mark under the eye Varies in colour from light yellow to brown, gold and black.

Often a speckled mix of colours

Ventral scales often visable on sides

Belly usually same colour as the rest of snake

Usually have dark tipped tails

SNAKEBITE PROFILE **CAPE COBRA**

Naja nivea



Risk of Bites

The Cape Cobra is commonly encountered in suburbia, especially in areas where rodents are abundant. If cornered, it is quick to rear up and form a hood and if approached closely will bite readily.



Most Bites

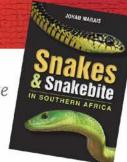
Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.



& Symptoms & Venom

A potent and fast-acting neurotoxic venom that is quite similar to Black Mamba venom in its effects. It results in pins and needles in the lips, nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. Some victims also experience some swelling. In severe cases victims become unresponsive within less than one hour.

See pages 49-51 - Snakes and Snakebite in Southern Africa (2024).



First Aid

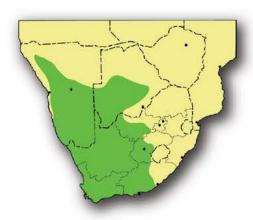
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

severe envenomation cases patients are intubated and ventilated if they are not breathing. They are treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage. Even after receiving antivenom, patients may remain unresponsive for a day or two.





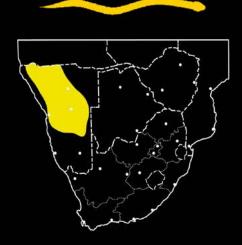






Zebra Cobra (*Naja nigricincta nigricincta*)

Maximum Length: 1.8 m



Other names:

Western Barred Spitting Cobra, Sebraslang

The Zebra Cobra occurs from central Namibia northwards into Angola and is one of four spitting snakes in Namibia. It averages 80-120 cm and may reach 1.8 m in length. It is largely nocturnal and is often found on tarred roads, especially after rain. This is a shy snake that will choose to escape but will spread a hood and spit and bite readily if cornered. The venom of the Zebra Cobra is potently cytotoxic, causing pain, swelling, blistering and in many instances tissue damage. Fatalities are not common. The venom of this snake is not used in the manufacturing process of polyvalent antivenom and the effectiveness of the antivenom to neutralise the venom of the Zebra Cobra is not well known.







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ASI EASY ID

Zebra Cobra (Naja nigricincta nigricincta)

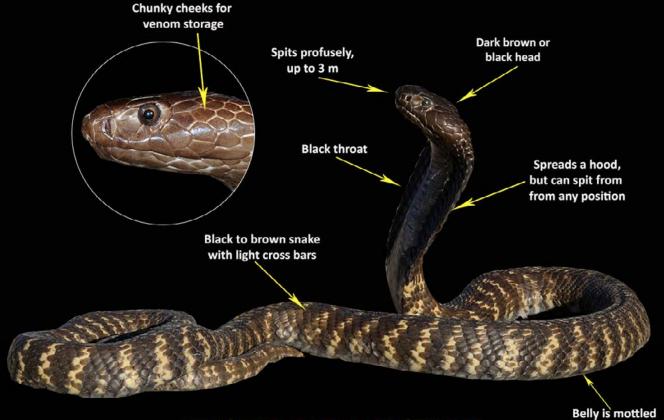
HIGHLY VENOMOUS

Average length: 1 - 1.2 m. Maximum length: 1.8 m

Often confused with: Rinkhals



Distribution is important





SNAKEBITE PROFILE ZEBRA COBRA

Naja nigricincta nigricincta



Risk of Bites

The Zebra Cobra is common throughout its range and bites to humans occur quite frequently. Like the Mozambique Spitting Cobra, this snake often enters human dwellings where people are bitten while asleep in their beds.



Most Bites

This snake is often accidentally stepped on at night. It may also bite people when it enters dwellings. Therefore, exit doors should be well sealed and people should sleep under mosquito nets to avoid bites.



Symptoms & Venom

The venom is predominantly and potently cytotoxic. Symptoms include severe pain, progressive swelling and tissue damage.



See pages 62-63 - Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb. Remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages. For venom in the eyes, wash the eyes out immediately using water or any other bland liquid and consult a medical doctor.



Medical Treatment

In cases of severe envenomation with progressive swelling extending over 10-15 cm per hour from the bite, doctors administer 12 or more ampoules of polyvalent antivenom. Although, recent research indicates that SAVP polyvalent antivenom is not very effective against this Short-term use of antivenom. inflammatories is not recommended. Fasciotomies are rarely justified and should generally be avoided. Surgery for tissue damage may be necessary, however, it is seldom required within the first few days.









Boomslang

(Dispholidus typus)

Maximum Length: 2.1 m



Other names:

Boomslang

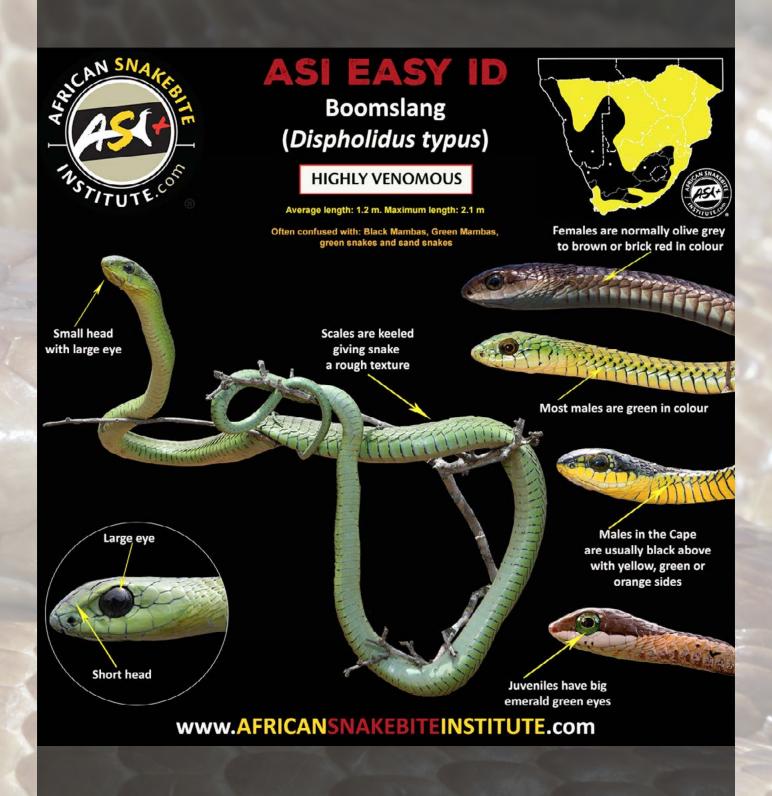
The Boomslang is largely tree-living but may descend to the ground to bask. In trees it poses no threat to humans as it is extremely reluctant to bite, and bites are rare. Juveniles are grey with a massive emerald, green eye but change to the adult colours around a length of 1 m. Most males are bright green, sometimes with black between the scales, but in the Cape Provinces they are usually black above with green, yellow or orange sides. Females are usully brown to grey in colour. Boomslang venom is haemotoxic and compromises the blood clotting mechanism, causing uncontrolled bleeding if not treated. The South African Vaccine Producers manufacture a monovalent antivenom for bites from Boomslang that is very effective.







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SNAKEBITE PROFILE **BOOMSLANG**

Dispholidus typus



Risk of Bites

Bites are not common in South Africa. This snake lives in trees and shrubs and interactions with humans are infrequent. It is a placid snake that only bites when provoked or handled. If spotted, it is quick to flee higher up into trees.



Most Bites

Bites occur when a basking snake is accidentally stepped on or grabbed, or when it is handled.



Symptoms & Venom

Drop for drop the Boomslang has the most potent venom of any snake in Africa. It is slow-acting, but potently haemotoxic and symptoms include bleeding from the bite site, the nose, mucous membranes and internal bleeding.

See pages 79-81 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

In cases of severe envenomation patients are monovalent Boomslang treated with antivenom. The initial dosage is two vials but, in some cases, a third vial may be required. This antivenom is produced by the South African Vaccine Producers. It is a Schedule 4 drug, therefore a script is required should one wish to purchase it. It comes in a 10 ml vial and must be refrigerated. It has a three year shelf life.





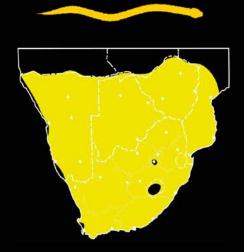
HIGHLY VENOMOUS



Puff Adder

(Bitis arietans)

Maximum Length: 1.4 m



Other names:

Pofadder, Imbululu

The Puff Adder is widespread over much of southern Africa and further north into Africa. It is a heavy-bodied snake that relies on its excellent camouflage and is reluctant to move. Much of its life is spent in camouflage mode and recent research has shown that when hiding, the Puff Adder will not hiss or strike when approached, as this would give away its presence. It is an ambush hunter that will coil up into a striking position and await its prey. This can last several days or even weeks. Toads are lured closer with flicking of the tongue. Puff Adder venom is potently cytotoxic, causing severe pain, swelling, blistering and in many cases severe tissue damage. Polyvalent antivenom is effective.







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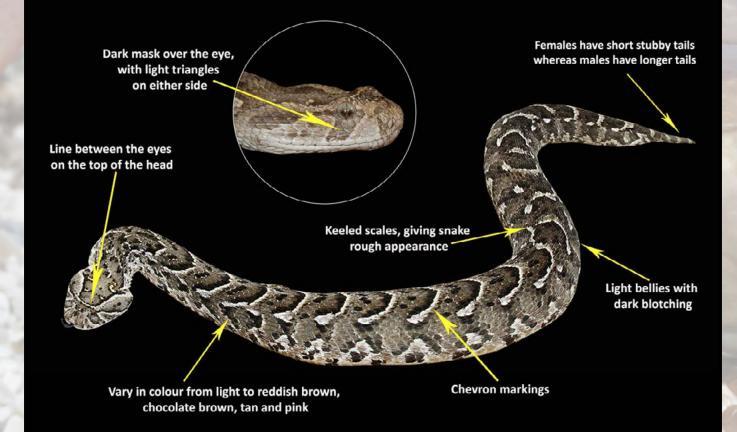
Puff Adder (Bitis arietans)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders







SNAKEBITE PROFILE PUFF ADDER

Bitis arietans



Risk Of Bites

Bites are common as this snake is widespread throughout most of southern Africa. Along with the Mozambique Spitting Cobra, these two snakes account for the majority of serious snakebites in southern Africa. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

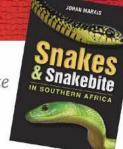
Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



Symptoms & Venom

The venom is potently cytotoxic as well as haemotoxic. Symptoms include severe pain, progressive swelling, bleeding from the fang punctures, blistering and tissue damage. The lymph nodes may also be affected. Dogs may perish after a bite from this snake, unless treated with polyvalent antivenom, if required.

See pages 26-28 Snakes and Snakebite in Southern Africa (2024).





Immobilise and reassure the patient. Elevate the affected limb and remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, which extends more than 10-15cm per hour above the bite site, doctors will treat such bites with 6 ampoules (or more) of polyvalent antivenom. Anti-inflammatories (NSAID's) and antibiotics are not indicated in the short term. Fasciotomies are rarely justified and should generally be avoided. In cases where patients suffer tissue damage, surgery may be required but rarely in the first few days. Fatalities are rare.





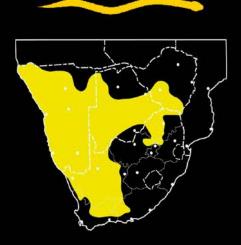






Horned Adder (Bitis caudalis)

Maximum Length: 60 cm



Other names: Horingsman, Horingadder

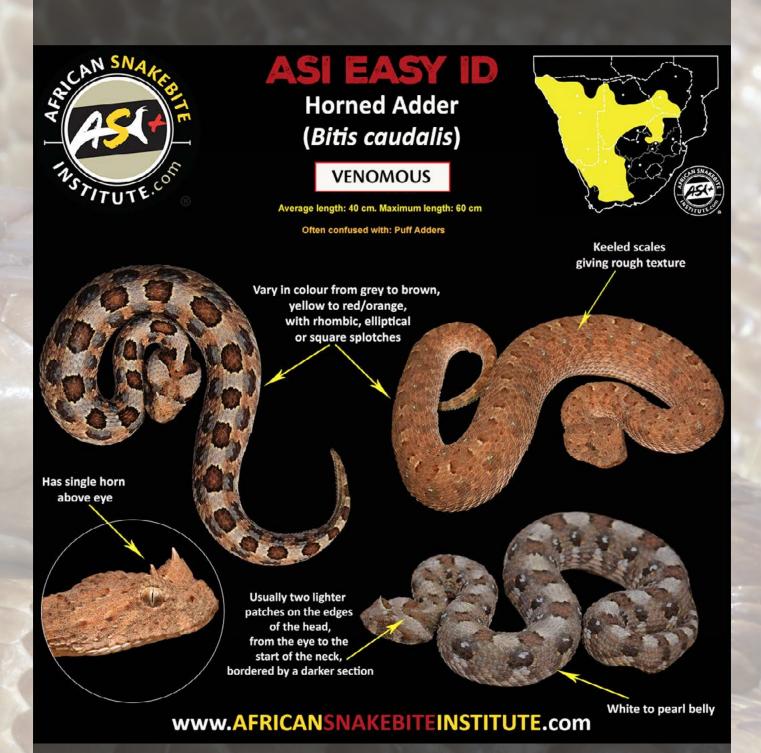
A small adder, averaging 25 – 40 cm with a maximum length of nearly 60 cm and usually has two prominent horns – one above each eye. It is widespread occurring from the Eastern Cape to the Western Cape, Northern Cape, North West, Gauteng and Limpopo, as well as further north. There is a great deal of colour variation, and this is usually linked to the colour of the sand in the area. The Horned Adder is active at dusk and likes to hide in the shade of bushes and rocks during the day where it may bury itself into the sand. When approached it inflates the body and hisses loudly and will strike repeatedly. The venom of this snake is cytotoxic, causing swelling and pain. Antivenom is not effective or required.







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SNAKEBITE PROFILE **HORNED ADDER**

Bitis caudalis



Risk of Bites

Bites are not common - this is a very cryptic snake, which prefers to avoid humans.



Most Bites

Most bites occur to snake keepers or people trying to capture a Horned Adder.



R Symptoms & Venom

The venom is largely cytotoxic and causes severe pain, and swelling. In a few cases minor necrosis has been recorded.



See pages 35-37 - Snakes and Snakebite in Southern Africa (2024).



First Aid

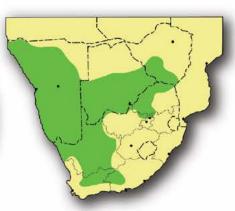
Immobilise and reassure the patient and elevate the affected limb. Remove tight clothing and jewelry. Transport the victim to the nearest hospital or doctor for pain management. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no antivenom for bites from Horned Adders, and patients may need to be treated for pain. No fatalities have been recorded by bites from this snake and symptoms resolve fully within a week or two.







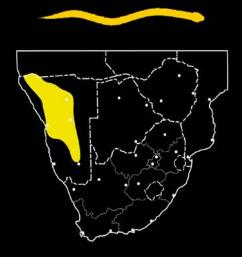




Kunene Coral Snake

(Aspidelaps lubricus cowlesi)

Maximum Length: 80 cm



Other names:

Kunene Skildneusslang; Kunene Skildkobra; Angolan Coral Snake

The Kunene Coral Snake occurs throughout much of Namibia and into Angola. It averages 60 cm but may exceed 75 cm in length. It is a nocturnal snake that favours rocky areas in savanna and karoo scrub. It is often seen crossing roads. Like the Cape Coral Snake, it will lift its head off the ground and form a narrow hood if cornered. It will then strike repeatedly while hissing and lunging forward. Bites are painful with swelling. The venom of this snake is poorly known but is believed to be dangerously neurotoxic and has cased human fatalities in children. There is no antivenom for the venom of this snake and treatment is symptomatic.







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SNAKEBITE PROFILE

KUNENE CORAL SNAKE

Aspidelaps lubricus cowlesi



Risk of Bites

Bites to humans are not common. This snake inhabits rocky outcrops and dry sandy areas in Namibia and Angola. It is quick to form a hood, hiss and strike repeatedly when startled or cornered.



Most Bites

There are four recorded human fatalities from bites from this snake children bitten at night.



Symptoms & Venom

The venom is predominantly and dangerously neurotoxic. Symptoms may include pain, swelling of the affected area, nausea, dizziness and respiratory distress.

See pages 72-73 - Snakes and Snakebite in Southern Africa (2024).



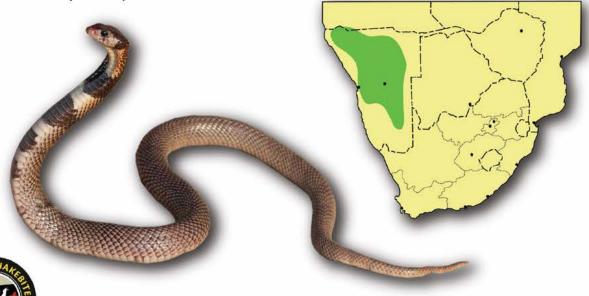
First Aid

Immobilise and reassure the patient and elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Resort to artificial respiration if the patient stops breathing.



Medical Treatment

There is no antivenom for bites from this snake and doctors will treat the bite symptomatically. Ventilation may be required.







MILDLY VENOMOUS

Western Keeled Snake (*Pythonodipsas carinata*)

Maximum Length: 80 cm



Other names: Westelike Gekielde Slang

A nocturnal snake that inhabits rocky desert areas of Namibia and elsewhere further north. The Western Keeled snake averages 50 cm but can reach 80 cm in length. Females are larger than males.

This snake feeds on lizards, especially geckos and skinks, but will also take small rodents and even birds. It may be confused with the Horned Adder but is more slender.

This snake lays up to 16 eggs in late summer. It has large back fangs and bites readily if handled, but the venom has no effect on humans.







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ASI EASY ID

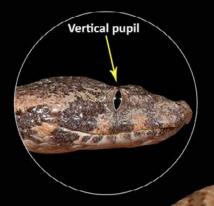
Western Keeled Snake (Pythonodipsas carinata)

MILDLY VENOMOUS

Average length: 50 cm. Maximum length: 80 cm

Often confused with: dwarf adders





Double series of grey-brown to dark grey blotches that form crossbars or a zigzag pattern down the back which may become more prominent towards tail

Light orange-yellow to pale buff or greyish in colour

Flat head



Belly uniform white, sometimes with dark spots



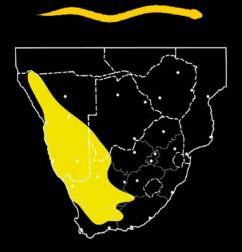


MILDLY VENOMOUS

Dwarf Beaked Snake

(Dipsina multimaculata)

Maximum Length: 50 cm



Other names:

Dwerghaakneusslang

A small well-patterned snake that averages 30-35 cm but may reach 50 cm in length. This species varies in colour, from tan-brown to reddish with darker splotches. There is usually a light V on the base of the head.

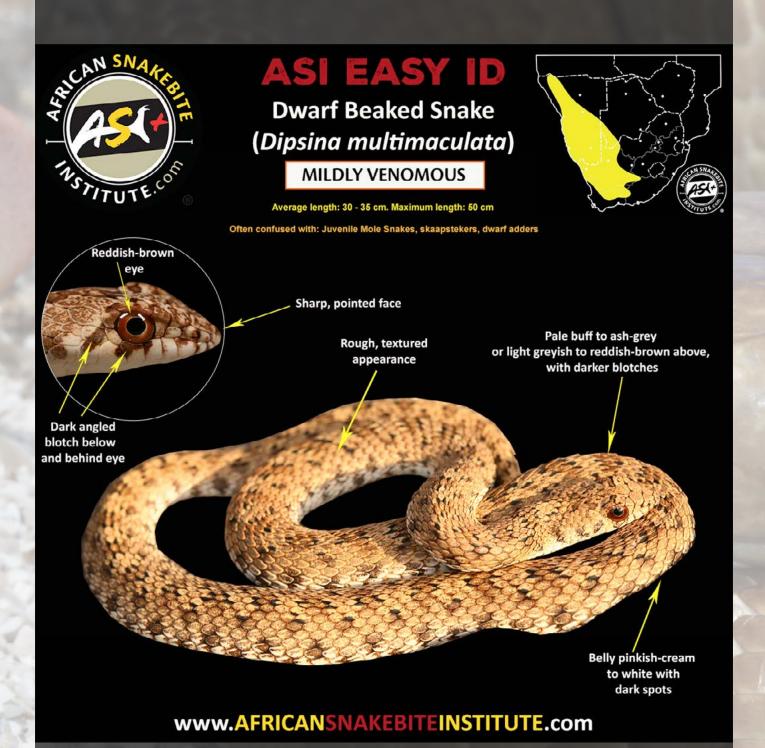
It lives on gravel plains with dispersed bushes in the Namib Desert, Karoo scrub and arid savanna. It usually hides at the base of a bushes or rocks and will disappear down a hole if disturbed. It hunts lizards, ambushing them under bushes. It is a docile snake but may assume a coiled position when threatened, mimicking the Horned Adder. The venom of this species has little effect on humans.







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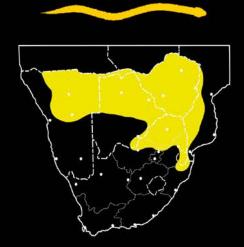


MILDLY VENOMOUS

Western Yellow-bellied Sand Snake

(Psammophis subtaeniatus)

Maximum Length: 1.4 m



Other names:

Westelike Geelpenssandslang

A fast-moving, slender snake that averages 50-80 cm. This snake is active during the day and is without doubt one of our fastest snakes. It is fond of basking but will move off rapidly if disturbed. It is comfortable in trees and shrubs. Like some of the other snakes in the genus *Psammophis*, it will spin if caught by the tail and snap a piece off. The Western Yellow-bellied Sand snake feeds on lizards, frogs, rodents, small birds and other snakes. The venom of this snake is very mild and has no real effect on humans. Sand snakes, Grass snakes and Skaapstekers can be difficult to tell apart – always check the distribution when attempting to identify one of these snakes.







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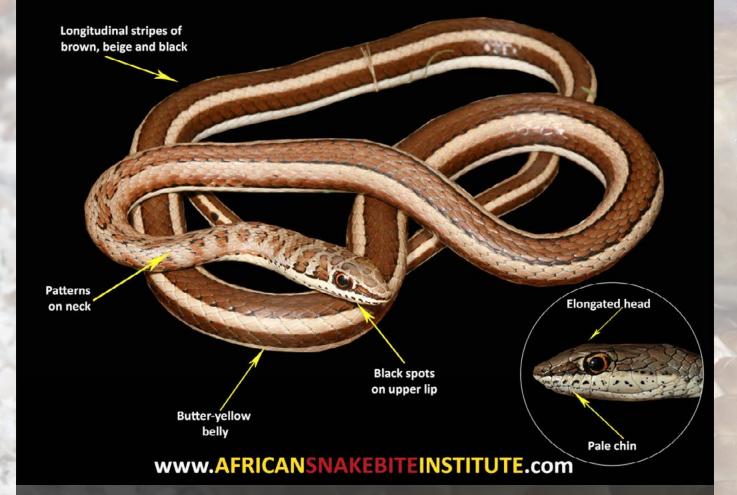
ASI EASY ID

Western Yellow-bellied Sand Snake (Psammophis subtaeniatus)

MILDLY VENOMOUS

Average length: 80 cm - 1 m. Maximum length: 1.4 m

Often confused with: Short-snouted Grass Snakes, Striped Skaapsteker





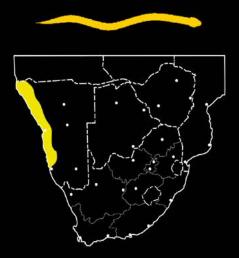




Namib Sand Snake

(Psammophis namibensis)

Maximum Length: 1.4 m



Other names:

Namibsandslang

A long and slender snake that averages 50-80 cm with a maximum length of 1.4 m. It has a light W pattern on the side of the head behind the eye. It occurs in arid Namib Desert and Karoo vegetation at low altitudes on the west coast of Namibia. The Namib Sand Snake hunts for lizards, rodents and snakes during the day, often with the front third of the body well off the ground.

This snake, like most sand snakes, is very quick and will seek refuge in the nearest shrub if disturbed. Though back-fanged and venomous, the venom of this snake is mild and has virtually no effect on humans.







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MILDLY VENOMOUS

Karoo Sand Snake (*Psammophis notostictus*)

Maximum Length: 1 m



Other names: Karoo Sandslang

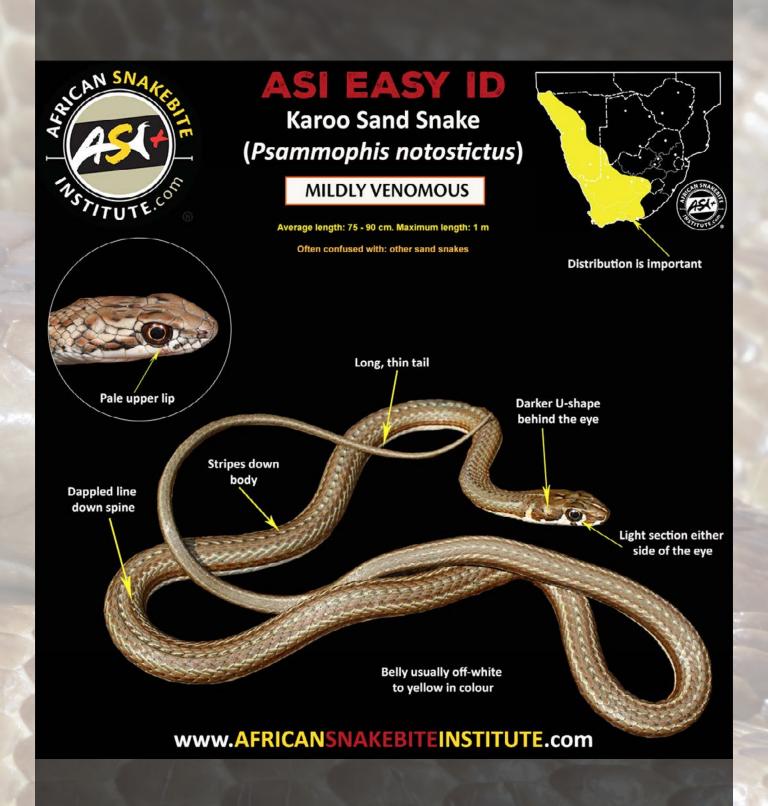
A slender snake that averages 40-60 cm with a maximum length of just over 1 m. It is very fast moving and active in the day when it hunts for lizards, including lacertids, skinks and agamas, but will also take small rodents. In some areas it is by far the most common snake and prefers hard, stony ground. Many individuals are killed by vehicles while crossing roads. It is widespread, occurring in the western Free State, western half of the Eastern Cape, Western Cape and much of the Northern Cape and Namibia, extending into Angola. The Karoo Sand Snake is easily confused with some of the other Sand and Grass snakes. It is mildly venomous and poses no threat to humans.







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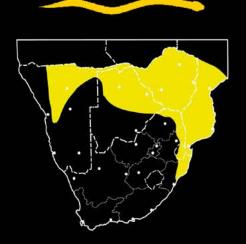




MILDLY VENOMOUS

Olive Grass Snake (*Psammophis mossambicus*)

Maximum Length: 1.8 m



Other names:

Olive Whip/sand Snake, Olyf Grasslang

A large, fast-moving diurnal snake that reaches a maximum length of 1.8 m. It is very quick to escape, invariably disappearing down the closest hole but bites readily if handled. Because of its size and habit of lifting its head well off the ground, this snake is often mistaken for a Black Mamba or female Boomslang. It climbs well and is often found in shrubs. Over much of its range, especially northern KZN, it is one of the most frequently encountered snakes. It is often killed on roads. It preys on lizards, frogs, small mammals, birds and other snakes, including venomous ones. The venom of the Olive Grass Snake is mild and has little effect on humans.







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Olive Grass Snake (Psammophis mossambicus)

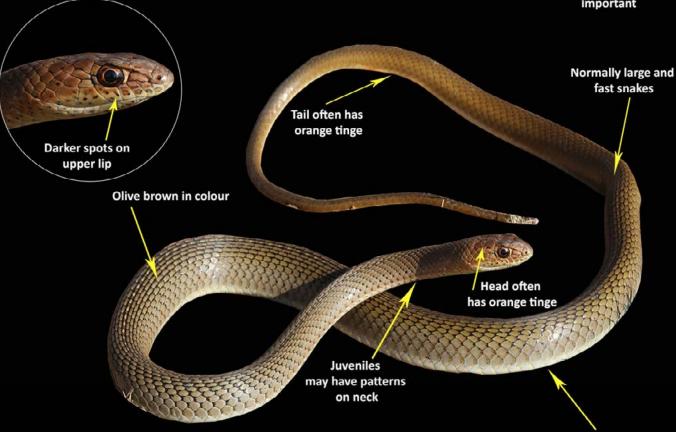
MILDLY VENOMOUS

Average length: 80 cm. Maximum length: 1.8 m

Often confused with: Short-snouted Grass Snakes, Black Mambas, Female Boomslang

Distribution is important

Pale belly



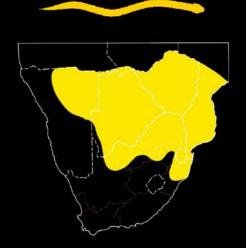




MILDLY VENOMOUS

Eastern Tiger Snake (*Telescopus semiannulatus*)

Maximum Length: 1 m



Other names: Oostelike Tierslang

A slow-moving nocturnal snake that hunts for lizards, especially geckos, nestling birds, bats and small rodents. It is an excellent climber and spends its days hiding under the bark of trees or under rocks. It can often be seen crossing roads at night. Like the Herald Snake, this snake puts up quite a show when cornered, drawing its head back with coiled neck and striking dramatically with an open mouth. The strikes are rather slow, and the snake may lose its balance. It also flattens the head in the process but does not make a hood. The venom of the Tiger snake is mild and has virtually no effect on humans.







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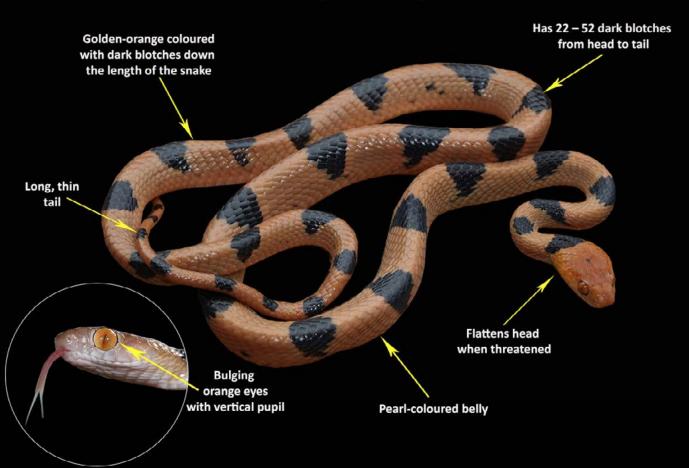
Eastern Tiger Snake (Telescopus semiannulatus)

MILDLY VENOMOUS

Average length: 40 - 60 cm. Maximum length: 1 m

Often confused with: Cape Coral Snakes, Harlequin Snakes











Mole Snake (*Pseudaspis cana*)

Maximum Length: 2.1 m



Other names: Molslang

The Mole snake is a muscular day-active snake that spends much of its time down rodent burrows in search of food. It is widespread and occurs throughout most of Southern Africa. It is often encountered in the Cape, but not seen commonly elsewhere in the country. Individuals vary from black to dark brown, medium brown, light brown or even brick red, while the juveniles have bright markings. This snake is not venomous but does have pin-sharp teeth and is capable of quite serious bites that may even require stitches. Mole Snakes are often confused with the Cape Cobra and the venomous stiletto snake even though it does not resemble them.







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Mole Snake (Pseudaspis cana)

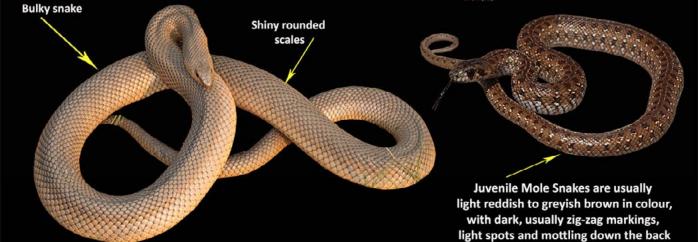
NON-VENOMOUS, BUT CAN INFLICT A NASTY BITE

Average length: 1.2 m. Maximum length: 2.1 m

Often confused with: Cape Cobras, and Snouted Cobras.

Juveniles are often confused with egg-eaters, night adders and skaapstekers





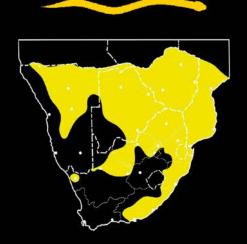




HARMLESS

Spotted Bush Snake (*Philothamnus semivariegatus*)

Maximum Length: 1.3 m



Other names:

Variegated Bush Snake; Gespikkelde Bosslang

An alert, day-active snake, that climbs well and is often found between the walls and ceilings of outbuildings, where it hunts for geckos. Sadly, this harmless snake is often mistaken for a Green Mamba or Boomslang and needlessly killed.

The body is bright green to a copper-green with distinct blackish spots on the front half of the snake, but little or no dark marks on the back half. The belly is yellowish to white and the pupil orange.

This snake has keeled belly scales which enables it to climb up the bark of a tree or even up face-brick walls. It is commonly found in suburban gardens and juveniles are often killed by domestic cats.







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Spotted Bush Snake (Philothamnus semivariegatus)

HARMLESS

Average length: 70 cm. Maximum length: 1.3 m

Often confused with: Western Natal Green Snakes, Green Mambas, Boomslang

Prominent yellow to red iris

Excellent climbers, often found in trees and bushes and in ceilings of outbuildings

In the north of their range, they often have a copper coloured tail

> Yellowish to white belly with keeled ventral and subcaudal scales for climbing

Have bright metallic blue flecks

Double temporal scales



Three upper labials making contact with eye



Blackish spots on the first half of the body



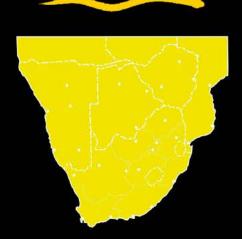


HARMLESS

Brown House Snake

(Boaedon capensis)

Maximum Length: 1.5 m



Other names: Bruin Huisslang

The Brown House Snake, true to its name, frequents human dwellings where it feeds largely on rodents and lizards. It is completely harmless and relies on muscle power to constrict its prey. It is widespread in South Africa and very common in suburban gardens.

This snake is active at night and is relatively slow-moving. Most individuals are medium to dark brown with a mother-of-pearl belly and two light lines on either side of the head – one from the nose through the top of the eye to the back of the head and the other from the back of the head and the other from the back of the eye to the angle of the jaw. The Brown House Snake comes in a variety of shades of brown, often with mottling of white along the neck.







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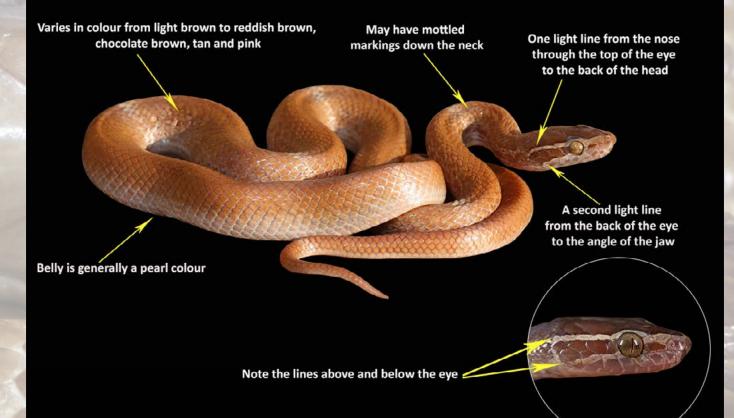
Brown House Snake (Boaedon capensis)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters





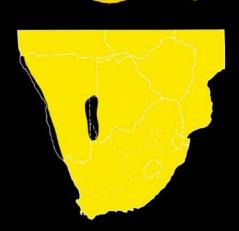




HARMLESS

Common Egg-eater (*Dasypeltis scabra*)

Maximum Length: 1.16 m



Other names:

Rhombic Egg-eater, Gewone Eiervreter

A common snake throughout most of southern Africa except for true desert and closed canopy forests. It averages around 50 cm and is well adapted at climbing trees. It is most abundant in thornveld and grasslands where it can be found in any situation. It is nocturnal, spending most of the day hiding beneath rocks or under loose bark. When agitated, it will coil and uncoil while striking out viciously. The rubbing scales create a rasping sound similar to a hiss. It is completely harmless, and the teeth are reduced. It feeds exclusively on birds' eggs. It may be confused with the venomous Common Night Adder.







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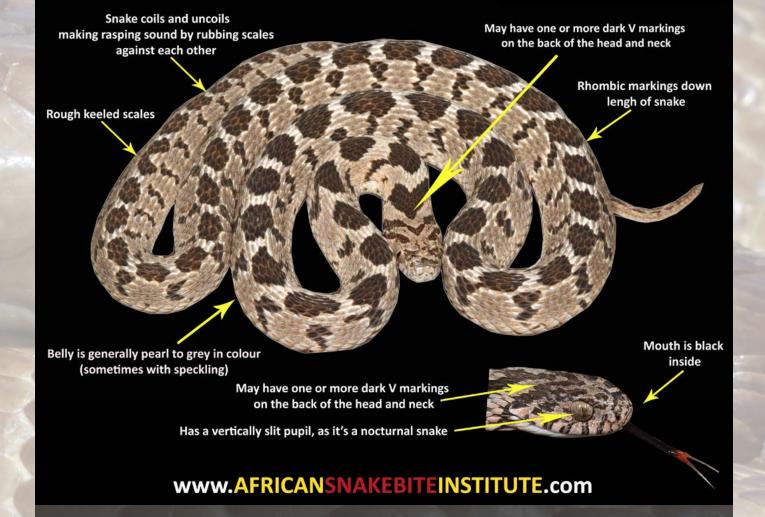
Common Egg-eater (Dasypeltis scabra)

HARMLESS

Average length: 55 cm. Maximum length: 1.16 m

Often confused with: Common Night Adders





FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO NOT...

- Do not try to cut or suck out the venom. Never cut the bite site as cutting may do far more harm than good. Sucking does not remove significant amounts of venom.
- Do not apply any electric shock therapy. Shock treatments have been tested extensively and have been shown to have no effect on the outcome of the bite. Electric shocks do not neutralise snake venom.
- ◆ Do not apply a tourniquet. Many people are bitten by harmless snakes or venomous snakes that do not inject sufficient venom to cause serious damage. Arterial or venous tourniquets are not advised in most bites as venom is transported largely through the lymphatic system and not through veins. There is little evidence that a tourniquet could be lifesaving following a snakebite.
- Do not apply heat, ice, lotions or potions. Apart from cleaning the bite site with water and applying a sterile gauze dressing nothing should be applied to the bite. Very hot water does not neutralise snake venom.
- ◆ Do not inject antivenom as a first aid measure. Most snakebite victims
 do not require antivenom and the polyvalent antivenom is only effective
 for the bites of certain potentially deadly snakes. If required, antivenom
 must be injected intravenously by a medical doctor and usually in large
 quantities. As victims may go into anaphylactic shock when injected
 with antivenom, adrenaline and other drugs may also be required.
 Anaphylactic shock is a serious medical condition which may be fatal if
 not treated promptly.

ERST AID SOME STREET

FIRST AID KITS

We stock a wide range of First Aid for Snakebite Kits, as well as Smart Pressure Bandages, Resuscitators, and first aid books. View the range online here.





FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO...

- → Do get the victim to a hospital as soon as possible and in a safe manner. This is by far the most important first aid measure. For medical advice in a snakebite emergency, call the African Snakebite Institute +27 (0)82 494 2039.
- → Do keep the victim calm. Often easier said than done as people tend to panic in a snakebite emergency. Many snakebite victims go into shock, experience a drop in blood pressure and may even become nauseous and faint. If possible, do not allow the victim to walk, run, jump etc. Bear in mind that more than 99% of snakebite victims that are hospitalised within a few hours survive their snakebites.
- Do remove jewellery as well as tight clothing. If bitten on the hand/arm/foot/ lower leg, remove rings, bangles, bracelets, watches, anklets and any other tight jewellery including tight clothing.
- → Do administer artificial respiration if patient stops breathing. In serious snakebite cases involving snakes with predominantly neurotoxic venom, like the Black Mamba or Cape Cobra, the victim may soon experience difficulty with breathing, even within 20 minutes. This is a very serious medical condition and assisted breathing could be life-saving. Mouth-to-mouth resuscitation may be beneficial in the short term, but the proper use of a Bag Valve Mask is far better in such an instance.

SPITTING SNAKES

- ★ The most common spitting snake in Southern Africa is the Mozambique Spitting. In the western parts of the region this is replaced by the Black Spitting Cobra and the Zebra Cobra. These snakes spray their venom up to a distance of three metres and do so in self-defence to temporarily blind their attacker so that they can make a quick escape.
- ★ Although spitting snakes accurately aim for the eyes, the venom diffuses into a spray over a wide area and may get onto your hair, face, arms and chest. Venom in the eyes is very painful and must be flushed or diluted as quickly as possible. The production of tears starts this process, but as a first aid measure, flush the eyes with water or a weak (normal) saline solution. The idea is to flush away any excess venom. Transport the victim to a medical doctor, who will examine the eyes for corneal damage and prescribe antibiotic eye drops to prevent secondary infection. There is no reason to use diluted antivenom it has no proven benefits and may cause an allergic reaction.
- ← If treated quickly, the chance of permanent damage to the eyes is extremely remote.

SNAKEBITE EMERGENCY NUMBERS

Namibia Private Ambulance Services: 081 9696

E-med Rescue 24: 924/ 061 411 600

Crisis Response: 083 3912

African Snakebite Institute: +27 82 494 2039

HOSPITALS AROUND NAMIBIA

Lady Pohamba Private Hospital

Tel: +264 6183 3359 -22.622044, 17.094662

Mediclinic - Windhoek

Tel: +264 6143 3100 -22.541887, 17.090891

Rhino Park Private Hospital

Tel: +264 6137 5000 -22.546877, 17.075389

Roman Catholic Hospital

Tel: +264 6127 0291 -22.564085, 17.081417

Windhoek Central Hospital

Tel: +264 6120 3311 -22.553229, 17.071602

Ongwediva Medipark

Tel: +264 6523 2911 -17.778358, 15.766414

Mediclinic - Swakopmund

Tel: +264 6441 2200 -22.658647, 14.535918

Welwitchia Hospital

Tel: +264 6421 8911 -22.957516, 14.509294

SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Namibia

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The ASI team travels thousands of kilometres a month, often to remote parts of southern Africa, for both snake awareness and venomous snake handling training and for reptile surveys.

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OVERLAND



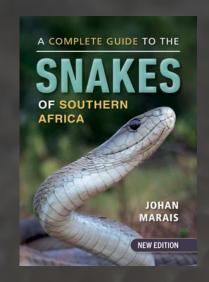


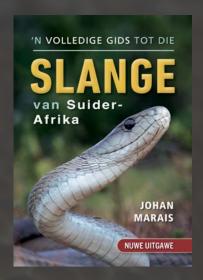


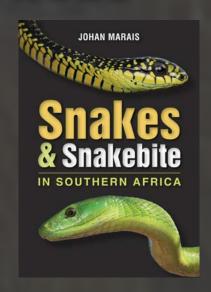




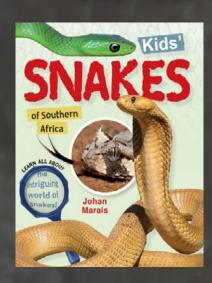
MORE RESOURCES



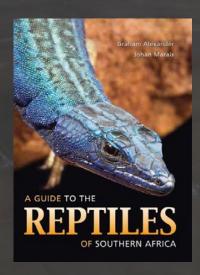




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Snake Identification: +27 72 979 1249 or support@asiorg.co.za

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